

BEYOND BOW

Wild Plant Processing Clinic

Saturday, March 31, 2012 10:00 AM ~ 6:00 PM

FAIRBANKS



- *Eager to get outside and enjoy the increasing sunshine?*
- *Spend a day looking for new ways to experience wild plants while snow still covers the ground!*
- *Learn to capture the fragrance of spring in a jar!*
- *Learn helpful ways to identify a variety of plants in winter!*
- *Expand your experience working with the wild plants of the Boreal Forest*
- *Learn how to process the Balm of Gilead oil from start to finish!*

This wonderful oil has been used throughout history not only for its delightful scent, but also for its healthy variety of beneficial properties.



CLASS LOCATION:

To be determined
(either 23 Mile CHSR or 1300 College Rd)



COST: \$75 per person

Includes detailed instruction, class materials (including take-home oil), beverages, and a nourishing lunch.

RECOMMENDATIONS:

This class will be both indoors and outdoors. Dress for cold weather and temperature changes (layering is best including a hat, mittens or gloves, etc.). Be sure to wear tall insulated boots for wading through some deep snow to reach plant materials (or snowshoes if you prefer). To be comfortable indoors we recommend a short sleeve shirt when working with oils, and perhaps a change of shoes. Sunglasses, a notebook, and pen are highly recommended. No experience required, but having taken our previous Wild Edible Plant clinic will prove helpful.

REGISTRATION:

<http://www.adfg.alaska.gov/index.cfm?adfg=outdooreducation.bowschedule>

—Registration is limited to participants —



**For More Information
Please Contact:**

Kelly Mansfield
(907) 459-7364
kelly.mansfield@alaska.gov

or

Laurie Boeck
(907) 459-7223
laurie.boeck@alaska.gov



REGISTRATION FORM
BEYOND BOW – WILD PLANT PROCESSING
March 31, 2012 10:00 AM – 6:00 PM

Only one person may register per form. Please photocopy for additional registrations.

Class Fee is \$75



Name _____

Mailing Address _____

City / State / Zip _____

Phone Day _____ Phone Night _____

Email _____

Method of Payment: (Please check one option)

1) Check/Money Order: _____ Payable to: Outdoor Heritage Foundation of Alaska or OHFA

2) Credit Card: ___Master Card ___Visa Charged by: Outdoor Heritage Foundation of Alaska

Name on Card _____

Card # _____ / _____ / _____

CVC (3-digit code) _____ EXP Date _____

Signature _____

Emergency Contact: _____

Phone number for that person on March 31, 2012: _____

If you have any medical conditions, allergies, food requirements, etc., we should be aware of please explain: _____

Refund Policy! Read Carefully. When you sign your registration form, you are agreeing to these terms.

PLEASE NOTE: If minimum class size is not met 5 days prior to the event, the class will be cancelled (at no cost)

Waiver and Release Form

All participants must sign this release. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury or illness during this activity. I acknowledge there are risks of physical injury or illness during this activity. I acknowledge there are risks of physical injury to Becoming an Outdoors-Woman participants and I agree to assume the full risk or any injuries, damages or loss, regardless of severity, which I may sustain as a result of participating in activities connected or associated with this program. I waive and relinquish all claims that I, my insurer or my family may have against Becoming an Outdoors-Woman and its officers, agents, servants and employees from claims from injuries, damages, or loss which I may have or which accrue to me on account of my participation in the above program Applicant is at least 18 years of age (or will be prior to March 31, 2012).

Signature _____ Date _____

Photo Release

Participants understand that photographs may be taken during the sessions and may be used in future support of the Becoming an Outdoors-Woman Program.

Signature _____ Date _____

Please complete and submit registration forms with payment to the following:

For check payment, mail to: Kelly Mansfield/ADFG/DSF/BOW

1300 College Road Fairbanks, AK 99701

For credit card payment, fax to: Kelly Mansfield (907) 459-7347

– Office Use Only –
Date Received: _____